Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OAK RIDGE EQUITIES, INC.

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January 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OAK RIDGE EQUITIES, INC. 10750 SE 125TH CT. DUNNELLON, FL 34431

SUBJECT: OAK RIDGE EQUITIES, INC.

REF: P12000064635

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Page 4 of the amendment form is missing and page 3 is not the correct page 3 that is included in the profit amendment form. Page 3 should include paragraph E and F not D.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6050$.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H14000300573 Letter Number: 315A00000027

PECEIVED
15 JAN -5 PAI2: 40

P.O BOX 6327 - Tallahassee, Florida 32314

2814 DEC 31 PM 12: 50

Articles of Incorporation ETARY OF STATE OF TALLAHASSEE, FLORIDA

OAK RIDGE EQUITIES, INC),	100	؟ <u>م محي</u> _	(1) 	_
(Name of Cornoration as curre	ntly filed with the file	orida Dept of S	itate)		
P12000064635					
(Document Num	ber of Corporation (if	known)			-
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	Florida Statutes, this F	Tarida Profit Ci	orposation Ado	pts the followin	g amendment(s) t
A. If amending name, enter the new name of	the corporation;				
•					The new
name must he distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association."	"Carp," "Inc." or "C	lo". A professi	or "incerport onal corporati	ued" or the a. on name must :	bbreviation convain the
B. Enter new principal office address, (Capp) (Principal office address <u>MYST BE A STREE</u>	icable: Laddress()	,			-
					-
	j				-
C. Enter new malling address if applicable: (Mailing address MAXEE A POST OF FIC	E BOY				
internal anness was the visual active			^ 		•
					•
	ł				-
D. If amending the registered agent and/or concern registered agent and/or the new tents	<u>reisteired office addre</u> tored office address:	<u>is in Florida, c</u>	nter the name	alths	
Name of New Registered Apent					
THE PLANT WELL STORY OF THE STO					
	(Florido ura	n address)			
New Registered Office Address:			Florida		
	(Chy)		1141 144	(Zip Code)	•
	1				
ew Registered Agent's Signature, if changin	E Hegistered Auent:				
hereby accept the appointment as registered as	rent. Lam familiar wi	th and accept th	e obligations o	fike postilan.	
Simon and a	ļ <u>.</u>				
Signature	of New Registered Ag	eni. If changing	, <u></u>		
	1	-			
	1				

If amending the Officers and/or Directors, enter the citle and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director (title by the first letter of the office title: P = Prosident; V= Vice President; T= Treasurer; S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be I'TD Changes should be noted in the following manner. Currently John Dos is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change John Doe X Remove X Mike lones PPV X SV Sally Smith <u>Address</u> Type of Action Title Name (Check One) ROBERT NELSON 10750 SE 125TH CT Change **DUNNELLON, FL 34431** Remove YEISON GONZALEZ 2736 NW 124TH AVE Change CORAL SPRINGS, FL 33065 Add Remove Change Add Romove Change Remove Change

Remove

Change Add Remove

	(Be specific)
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in amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
<u>'oyisions for implementing the amer</u>	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
in amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 12/30/14	if other than the
The date of each amendment(s) adoption: 12/30/17 date this document was signed,	If other than the
Effective date if applicable:	-
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement	
must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
<u></u>	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
17/7-/11	
Dated 12/30/14	
Hellen Harland	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ALEKSANDRA HOLMES	
ALEKSANDRA HOLMES (Typed or printed name of person signing)	
President	
(Title of person signing)	

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